



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT  
BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R4/11-05)  
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11  
REPORT

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name <b>Todd Zimmerman</b>		2. Committee Telephone Number <b>(317) 319-3775</b>	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>11819 Jaggins Ln</b>			
4. City <b>Fishers</b>	State <b>IN</b>	ZIP Code <b>46037</b>	5. Party Affiliation or if Independent Candidate <b>REPUBLICAN</b>
6. Office Sought (Include district number, if any. Not required for exploratory committees.) <b>FISHERS City Council A+ LARGE</b>			7. County of Residence <b>HAMILTON</b>
8. Reporting Period: From: <b>4/12/2014</b> Through: <b>10/10/2014</b>			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification	1. <b>HAMILTON COUNTY Fire Fighters LOCAL 4416 FIRE-PAC 399 South 14TH STREET Noblesville, IN 46</b>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	<b>\$2000.00</b>	<b>4/16/2014</b> <b>20 [Signature]</b> <b>VL</b>
Contributor's Occupation (if applicable)				
Classification	2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Contributor's Occupation (if applicable)				
Classification	3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Contributor's Occupation (if applicable)				

IFICATION

T. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

Title <b>Chairman / Treasurer</b>	Date (MM-DD-YY) <b>4/17/2014</b>
	Date (MM-DD-YY) <b>4/17/2014</b>
Applied for sale or used for any commercial purpose. (IC 3-9-4-5) A felony. (IC 3-14-1-13) A person who fails to file a complete or accurate is a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil	

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